



South Carolina Department of Labor, Licensing and Regulation
South Carolina Board of Cosmetology
110 Centerview Dr. • Columbia • SC • 29210
P.O. Box 11329 • Columbia • SC 29211-1329
Phone: 803-896-4588 • BoardInfo@llr.sc.gov • Fax: 803-896-4484
llr.sc.gov/cosmo

Continuing Education Provider Application Instructions

No Fee Required

Please Read Instructions Carefully

1. Complete the enclosed application in blue or black ink (please print legibly).
2. Register your association with the SC Secretary of State and submit a copy of the certificate of existence. You may contact the SCSOS office at:

South Carolina Secretary of State
1205 Pendleton St Ste. 525
Columbia, SC 29201
803-734-2170
<http://www.scsos.com/>

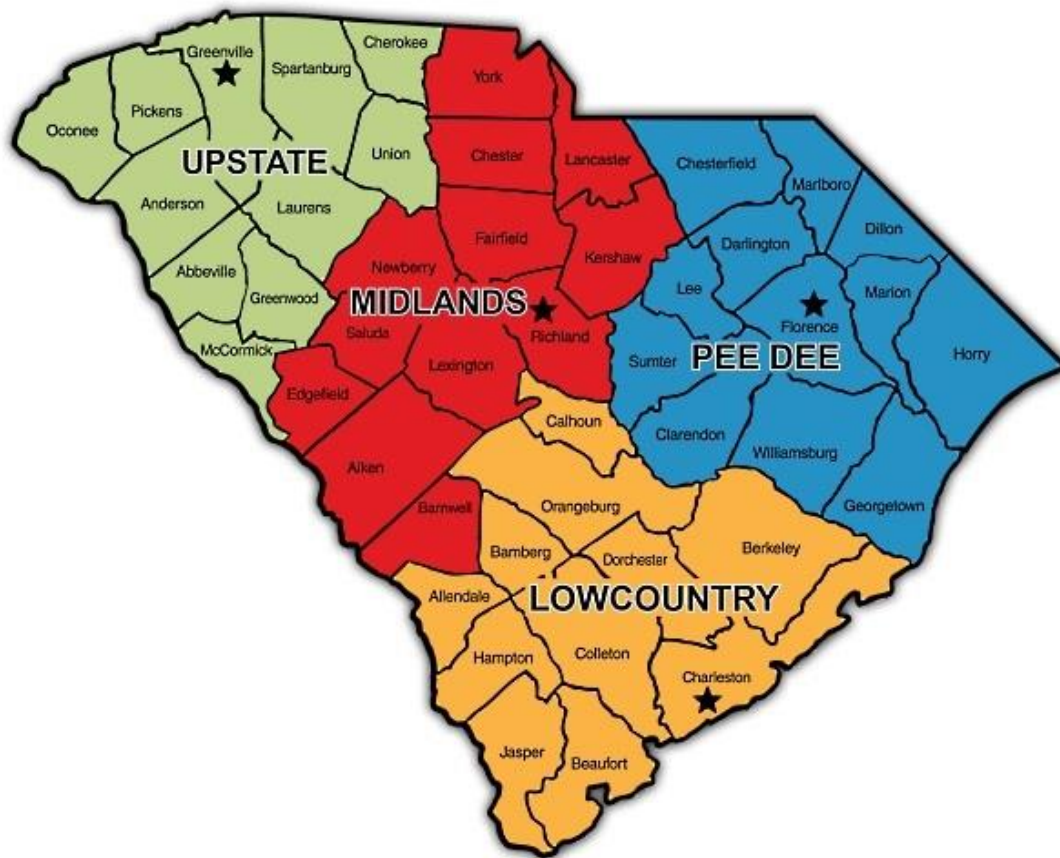
3. Submit a typed/legible statewide roster of 100 licensees. You must provide **25** licensees for each of the following counties, **Upstate**, **Midlands**, **Pee Dee** and the **Lowcountry**. The roster must be numbered and include the names, license numbers and county locations for each licensee. Please group the counties together.

Example:

Number	Name	License Number	County
1.	John Doe	RC.123	Orangeburg
2.	Jane Doe	RC.147	Colleton
3.	Tom Doe	IRC.123	Jasper

4. Mail the completed application by **August 5th**.

**** If your provider application is approved by the Board at its September board meeting, you must turn in a CE submission packet by October 14th for review at the annual CE Review Work Session.****





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CONTINUING EDUCATION PROVIDER APPLICATION

FEDERAL TAX ID: _____

NAME OF ASSOCIATION: _____

MAILING ADDRESS: _____

NAME OF PRIMARY CONTACT: _____

PHONE NUMBER: _____

E-MAIL ADDRESS: _____

PRIMARY CONTACT'S PROFESSIONAL LICENSE # (IF APPLICABLE): _____

NAME OF OFFICERS OR BOARD OF DIRECTORS:

1. _____

2. _____

3. _____

4. _____

- a. Has an owner/partner/principal/manager of the Association ever had any cosmetology, esthetics or nail technology licensed denied, suspended, revoked surrendered or have you ever been disciplined or fined by any licensing authority in this or any other state or jurisdiction? Yes ☐ No ☐
- b. Has an owner/partner/principal/manager of the Association ever had any other business or professional license denied, suspended, revoked, surrendered in this or any other state or jurisdiction? Yes ☐ No ☐
- c. Has an owner/partner/principal/manager ever been convicted of any criminal offense or is there any criminal charges now pending against you? Yes ☐ No ☐

Signature of Primary Contact

Date